

Have you lived in Minnesota continuously for the last 180 days? Yes _____ No _____

Have your children lived in Minnesota for the last 180 days? Yes _____ No _____

Date of present marriage: _____
Month Day Year

Place of marriage: _____
City County State

Number of this marriage: You: _____ Spouse: _____

How many ended in: death of spouse? _____
dissolution or annulment? _____

Are you and your spouse presently separated? Yes _____ No _____

If yes: a) since what date? _____

b) has your spouse given you any money? Yes _____ No _____
if yes, how much? \$ _____

c) have you given your spouse any money? Yes _____ No _____
if yes, how much? \$ _____

Do you or your spouse have any physical disabilities or illnesses? Yes _____ No _____

If yes, please give details: _____

Have you or your spouse ever started any court proceedings regarding your marriage, custody of your children, support or paternity? Yes _____ No _____

If yes, give details including year, county and state, and outcome: _____

Are you or your spouse a member of the military service of the United States?

Yes _____ No _____ If yes, who is a member? _____

Has your spouse ever slapped, pushed, hit or assaulted you? Yes _____ No _____

If yes, describe: _____

Has your spouse ever threatened you? Yes _____ No _____ If yes, describe: _____

Have you ever filed for an Order for Protection against your spouse? Yes _____ No _____

If yes, when? _____

Has your spouse ever filed for an Order for Protection against you? Yes _____ No _____

If yes, when? _____

Are you afraid of your spouse? Yes _____ No _____

Does your spouse own any guns? Yes _____ No _____

CHILDREN:

CHILDREN BY THIS SPOUSE:

Name (first, middle, last) Birth date Age Social Security No.

(include prior or other names if applicable)

Where are the children living? With you: _____ With spouse: _____
With someone else: _____

Street Address City State ZIP County

Were any of the children born before the marriage? Yes _____ No _____
If yes, has paternity been established? Yes _____ No _____
(if yes, please provide documentation)

Who do you think should have custody? You _____ Spouse _____
Do you expect your spouse to ask for custody? Yes _____ No _____
What kind of visitation should be allowed? Supervised _____ Unsupervised _____
Why?

Do any of the children have any physical disabilities or illnesses? Yes _____ No _____
If yes, please give details: _____

Are any of the children involved with juvenile court? Yes _____ No _____
If yes: a) what kind of court: delinquency _____ abuse/neglect _____ Other _____
b) which child(ren)? _____

Were any children born during the marriage who were not fathered by the husband? _____
If yes: a) name and birth date of the child: _____
b) name of the child's father: _____

Do either you or your spouse have any children besides those listed above? Yes _____ No _____
If yes, list their complete names, birth dates, other parent's names, and where they are living:
Your children: _____

Spouse's children: _____

Are you or your spouse paying child support for any other children? Yes _____ No _____
If yes: a) amount: \$ _____
b) which child(ren): _____

Do you and your spouse have any disabled adult children who are unable to support themselves?

Yes _____ No _____

If yes: a) adult child's name: _____

b) adult child's birth date: _____

c) where does the adult child live? _____

Are you paying child care costs while you work or go to school? Yes _____ No _____

If yes, monthly amount: \$ _____

Are you (your spouse) pregnant? Yes _____ No _____

If yes: a) due date: _____

b) is husband the father? Yes _____ No _____

ADDITIONAL CUSTODY INFORMATION:

Have you ever been involved in a custody case before? Yes _____ No _____

If yes, when? _____ Describe: _____

Has your spouse ever been involved in a custody case before? Yes _____ No _____

If yes, when? _____ Describe: _____

For each child, list the name of the child's school, grade, and teacher:

Child	School	Grade	Teacher
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List the name(s) and address(es) of your child(ren)'s doctor(s) or clinic(s):

List the name(s) and address(es) of your child(ren)'s dentist(s):

Have you ever consulted with a psychologist, psychiatrist, or other mental health counselor?

Yes _____ No _____ If yes, give the following information:

a) name of counselor/psychologist: _____

b) address: _____

c) approximate dates of treatment: _____

d) purpose: _____

e) did anyone else attend with you? _____

Attach additional sheets if more space needed.

Has your spouse ever consulted with a psychologist, psychiatrist, or other mental health counselor?

Yes _____ No _____ *If yes, give the following information:*

- a) *name of counselor/psychologist:* _____
- b) *address:* _____
- c) *approximate dates of treatment:* _____
- d) *purpose:* _____
- e) *did anyone else attend with your spouse?* _____

Attach additional sheets if more space needed.

Have you ever taken your children to a psychologist, psychiatrist, or other mental health counselor? Yes _____ No _____. *If yes, give the following information:*

- a) *name of counselor/psychologist:* _____
- b) *address:* _____
- c) *approximate dates of treatment:* _____
- d) *purpose:* _____
- e) *which child attended?* _____
- f) *did anyone else attend with your child?* _____

Attach additional sheets if more space is needed.

Have you ever had a problem with drugs or alcohol? Yes _____ No _____

Have you ever had a chemical dependency evaluation? Yes _____ No _____

If yes: When: _____ Where: _____

Were you diagnosed as chemically dependent? Yes _____ No _____

Did the evaluator give you any recommendations to follow? Yes _____ No _____

If yes, describe: _____

Have you ever attended chemical dependency treatment? Yes _____ No _____

If yes: Name of treatment center: _____

Dates of attendance: _____

Outpatient ___ Inpatient ___ Did you complete treatment? Yes _____ No _____

Do you currently drink? Yes _____ No _____

If no, when was the last time you drank? _____

Has your spouse ever had a problem with drugs or alcohol? Yes _____ No _____

Has your spouse ever had a chemical dependency evaluation? Yes _____ No _____

If yes: When: _____ Where: _____

Was your spouse diagnosed as chemically dependent? Yes _____ No _____

Did the evaluator give your spouse any recommendations to follow?

Yes _____ No _____ If yes, describe: _____

Has your spouse ever attended chemical dependency treatment? Yes _____ No _____

If yes: Name of treatment center: _____

Dates of attendance: _____

Outpatient _____ Inpatient _____

Did your spouse complete treatment? Yes _____ No _____

Does your spouse currently drink? Yes _____ No _____

If no, when was the last time your spouse drank? _____

Have you ever been arrested? Yes _____ No _____ If yes, give details:

Date	Crime	Convicted?	Sentence
_____	_____	_____	_____
_____	_____	_____	_____

Has your spouse ever been arrested? Yes _____ No _____ If yes, give details:

Date	Crime	Convicted?	Sentence
_____	_____	_____	_____
_____	_____	_____	_____

Has there been any physical or sexual abuse of your children? Yes _____ No _____

If yes, give details:

What happened? _____

Who did it? _____

When? _____

Where? _____

Were the police or child protection notified? Yes _____ No _____

Please indicate which parent handled these tasks prior to your separation. If done by both parents, estimate what percentage of time each parent performed the task (50%, 90%, etc.)

Task	You	Spouse	Both
Prepared meals for the child(ren):			
Served meals to the child(ren):			
Bathed the child(ren):			
Dressed the child(ren):			
Changed diapers:			
Read bedtime stories to the child(ren):			
Put the child(ren) to bed:			
Usually got up at night with the child(ren):			
Drove the child(ren) to and from school:			
Made appointments:			
Took child(ren) to doctor:			
Attended parent/teacher conferences:			
Disciplined the child(ren):			
Supervised homework and other lessons:			
Scheduled social activities for the child(ren):			
Took child(ren) to church, temple, or Sunday School:			
Played with the child(ren):			

Who do you think would be a good witness for you? Listing people here is for our use only. It does not necessarily mean they will be asked to testify.

Name: _____	Name: _____
Address: _____ _____	Address: _____ _____
Phone: _____	Phone: _____
Known how long? _____	Known how long? _____
Related/Friends/Other: _____	Related/Friends/Other: _____

REAL ESTATE - HOMESTEAD:

Do you or your spouse own your home? Yes _____ No _____
(Does *not* include a mobile home unless you own the land it sits on.)

If yes: a) give complete address of the property:

street city county state ZIP

b) **you must provide a legal description of the property.** This can be a photocopy of the deed where you acquired title, or the abstract to the property. A real estate tax statement will not provide an adequate legal description of the property, but it will contain pertinent information for you to obtain a copy of your deed from the County Recorder's office.

c) Year purchased: _____ Purchase price: \$_____ Down payment: \$_____

d) Present value: \$_____ Present equity: \$_____

e) Present mortgage/contract for deed balance: \$_____ Monthly payment: \$_____

f) Name/address of mortgage company or contract for deed holder:

g) Are your house payments up to date? Yes _____ No _____

h) Have you made any major improvements on the homestead since your purchase?

Yes _____ No _____ If yes, state date, type of improvement, and cost:

OTHER REAL ESTATE: (farm land, recreational property, time share, etc.)

Location: _____

Type: _____ Year purchased: _____ Purchase price: \$_____

In whose name? _____

Present value: \$_____ Present mortgage/contract for deed balance: \$_____

Current payment: \$_____ per _____

Please provide a copy of your deed or other document that shows the full and complete legal description.

Attach additional paper if necessary.

PERSONAL PROPERTY:

Have you and your spouse already divided up the personal property? Yes _____ No _____

If not, who has possession of the furniture and household goods? _____

Is there personal property in your spouse's possession that you want? Yes _____ No _____

If yes, describe and list in detail: _____

Do you own a mobile home? Yes _____ No _____

If yes: Who is living there? _____

Do you want the mobile home? Yes _____ No _____

AUTOMOBILES:

For every automobile owned by you or your spouse, please state the following:

Vehicle #1: Year _____ Make/Model _____ Value \$ _____
Name on title: _____
Loan balance: \$ _____ Monthly payment \$ _____
Loan is from: _____
name/address
Who has this vehicle now? _____ Do you want this vehicle? _____

Vehicle #2: Year _____ Make/Model _____ Value \$ _____
Name on title: _____
Loan balance: \$ _____ Monthly payment \$ _____
Loan is from: _____
name/address
Who has this vehicle now? _____ Do you want this vehicle? _____

Vehicle #3: Year _____ Make/Model _____ Value \$ _____
Name on title: _____
Loan balance: \$ _____ Monthly payment \$ _____
Loan is from: _____
name/address
Who has this vehicle now? _____ Do you want this vehicle? _____

Attach additional sheets for additional vehicles.

OTHER ASSETS:

BANK ACCOUNTS:

Savings Account (including savings certificate) at: _____
Account number: _____ Approximate balance: \$ _____
In whose name? _____
Checking Account at: _____
Account number: _____ Approximate balance: \$ _____
In whose name? _____

Do you or your spouse own any stocks or bonds? Yes _____ No _____

LIFE INSURANCE:

Yes _____ No _____ If yes, on whose life? _____
Amount: \$ _____ Beneficiary: _____

HOSPITAL/MEDICAL INSURANCE:

Yes _____ No _____ If yes, who is covered? _____
Insurance Provider: _____
Policy Number: _____ Deductible: _____
Private policy? Yes _____ No _____ Employment policy? Yes _____ No _____

Additional insurance information: _____

Do you or your spouse have any money or property held by others? Yes _____ No _____

If yes, describe: _____

Have you or your spouse ever filed for bankruptcy? Yes _____ No _____

If yes, when: _____ where: _____

If no, are either one of you considering filing bankruptcy? Yes _____ No _____

Did you have more than \$1,000.00 in cash or property when you got married?

Yes _____ No _____

Did your spouse have more than \$1,000.00 in cash or property when you got married?

Yes _____ No _____

During your marriage, did you or your spouse receive any money or property:

a) as an inheritance? Yes _____ No _____

b) as a gift worth more than \$100.00? Yes _____ No _____

c) as damages from a personal injury claim? Yes _____ No _____

Are you or your spouse expecting payment from any current probate proceeding?

Yes _____ No _____

EMPLOYMENT AND INCOME:

Your occupation: _____

Employed by: _____

(Name and address)

How long? _____

Gross salary: \$ _____ per _____

Average monthly take-home pay: \$ _____

Do you receive: Bonuses? Yes _____ No _____

Overtime pay? Yes _____ No _____

Commissions? Yes _____ No _____

Health Insurance coverage? Yes _____ No _____

If yes, does it include the children? Yes _____ No _____

Pension plan? Yes _____ No _____

Do you have more than one job? Yes _____ No _____

If yes, list second employer name and address, and average monthly take-home pay from 2nd job.

Please attach several recent pay stubs from your employer(s).

Your spouse's occupation: _____

Employed by: _____

Name and address

How long? _____

Gross salary: \$_____ per _____

Average monthly take-home pay: \$_____

Does your spouse receive: Bonuses? Yes _____ No _____

Overtime pay? Yes _____ No _____

Commissions? Yes _____ No _____

Health Insurance

coverage? Yes _____ No _____

If yes, does it include

the children? Yes _____ No _____

Pension plan? Yes _____ No _____

Does your spouse have more than one job? Yes _____ No _____

If yes, list second employer name and address, and average monthly take-home pay from 2nd job.

Please attach any of your spouse's pay stubs if you have them.

Do you and/or your spouse have any other source of income, such as dividend and interest income, rental income, military reserve income, etc.? Yes _____ No _____

If yes, please describe: _____

Do you or your spouse receive any of the following? (check all that apply and list amounts, if known)

	You	Spouse	Monthly amount
ADFC	_____	_____	_____
GA/Work Readiness	_____	_____	_____
Social Security	_____	_____	_____
SSI	_____	_____	_____
Unemployment Compensation	_____	_____	_____
Workers Compensation	_____	_____	_____
Veterans Benefits	_____	_____	_____
Pensions	_____	_____	_____
Food Stamps	_____	_____	_____
Medical Assistance	_____	_____	_____
Child Support	_____	_____	_____
Spousal Maintenance (alimony)	_____	_____	_____
Other Income	_____	_____	_____

If you are unemployed, describe your skills and any previous jobs:

If your spouse is unemployed, describe his/her skills and any previous jobs:

Is your spouse physically capable of earning money to pay child support? Yes _____ No _____

EDUCATION:

Indicate highest grade completed:

	You	Spouse
Elementary/Secondary (0-12 yr)	_____	_____
College (1-4 or 5+ yr)	_____	_____
Other (specify) _____	_____	_____

DEBTS:

Do you and/or your spouse have any debts? Yes _____ No _____

If yes, please list all outstanding bills of both you and your spouse (attach extra paper if needed):

	Debt #1	Debt #2	Debt #3
Name of creditor	_____	_____	_____
Total amount owing	_____	_____	_____
Monthly payment	_____	_____	_____
Date incurred	_____	_____	_____
Who is paying this bill now?	_____	_____	_____
Who should pay?	_____	_____	_____
Reason for debt	_____	_____	_____

	Debt #4	Debt #5	Debt #6
Name of creditor	_____	_____	_____
Total amount owing	_____	_____	_____
Monthly payment	_____	_____	_____
Date incurred	_____	_____	_____
Who is paying this bill now?	_____	_____	_____
Who should pay?	_____	_____	_____
Reason for debt	_____	_____	_____

	Debt #7	Debt #8	Debt #9
Name of creditor	_____	_____	_____
Total amount owing	_____	_____	_____
Monthly payment	_____	_____	_____
Date incurred	_____	_____	_____
Who is paying this bill now?	_____	_____	_____
Who should pay?	_____	_____	_____
Reason for debt	_____	_____	_____

List all charge accounts. Indicate if the credit cards are in your name, your spouse's name, or both, and the number of cards for each account.

Do you want these charge accounts/credit cards cancelled? Yes _____ No _____

Do you or your spouse owe any money to the Welfare Department or Social Security because of an overpayment? Yes _____ No _____ If yes, describe: _____

List all of your current monthly expenses. List all monthly expenses, regardless of whether you are able to pay them or not.

	TOTAL MONTHLY EXPENSE	CHILD(REN)'S SHARE (If it can be separated)
Rent		
Mortgage payment		
Contract for Deed payment		
Homeowner's Insurance		
Real Estate Taxes		
Electricity		
Gas/Heat		
Garbage pickup		
Telephone		
Food		
Clothing		
Laundry & Dry Cleaning		
Health Insurance		
Other Medical & Dental		
Car Payment		
Car Insurance		
Other Transportation (gas, car maintenance, or bus fare)		
Life Insurance		
Recreation & Travel		
Newspapers & Magazines		
Social & Church		
Personal Allowances/Incidentals		
Credit Card Payments		
Other Debt Payments		
Other Expenses		
TOTAL		

NAME CHANGE:

Do you wish to have your name changed as a part of this divorce? Yes _____ No _____

If yes, give the full name exactly as you want it to be: _____

SERVING PAPERS:

Does your spouse want a divorce? Yes _____ No _____

Does your spouse expect to be served? Yes _____ No _____

Would your spouse be willing to come in to our office to get the papers instead of being served by the Sheriff? Yes _____ No _____

Address at which your spouse can be served with legal papers by the Sheriff:

WORK: _____

Best time of the day to find: _____

OTHER: _____

Best time of the day to find: _____

Describe the vehicle your spouse may be driving: _____
year make color license

Physical description of spouse:

Height _____

Weight _____

Hair color _____

Eye color _____

Additional information that may help the Sheriff find your spouse to serve these papers:

To the best of my knowledge, all the information stated above is true and correct.

Dated: _____

Signature